

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ABDOONE		08-08-01
O.I.P.E. CLASSIFIER		43	08/16/01
FORMALITY REVIEW	BZ	394	10-28-01
RESPONSE FORMALITY REVIEW	h2 BZ	5C906 894	04/10/02 06-06-01

### INDEX OF CLAIMS

Rejected N ..... Non-elected  
 Allowed I ..... Interference  
 (Through numeral) Canceled A ..... Appeal  
 Restricted O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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830  
10/18

10-28-01